

**TESTIMONY OF SENATOR HILLARY RODHAM CLINTON  
BEFORE A JOINT HEARING OF THE SENATE SPECIAL SUBCOMMITTEE ON AGING  
AND THE SENATE HEALTH, EDUCATION, LABOR, AND PENSIONS AGING  
SUBCOMMITTEE**

**"WOMEN AND AGING: BEARING THE BURDEN OF LONG-TERM CARE"**

February 6, 2002

Thank you Senator Mikulski, Senator Breaux, Senator Hutchinson and Senator Craig for your leadership on issues concerning the provision of long-term care in our society.

I am so pleased to be able to testify today, and I look forward to hearing the testimony of others to gather insights on how, as a member of the Subcommittee on Aging, I, along with my colleagues, can help address this urgent challenge.

Our country's piecemeal long-term care financing system is in dire straits, and this system will be under increasing strain in coming years as life-spans increase, and as the Baby Boom becomes the Senior Boom.

And the reason this is of particular importance to women is three-fold. First, women outnumber men among the aging population. Thus women suffer disproportionately from our failure to develop a coherent long-term care financing system, a problem that is exacerbated by the fact that older women are also twice as likely as men to live in a nursing home, and twice as likely to live in poverty.

Second, our the inability to finance and support long-term needs in this country means that many must rely on informal, unpaid caregiving, and you can guess who bears the brunt of that burden: women. 75 percent of unpaid caregivers are women, who on average provide 50 more hours of informal care per week than men.

Third and finally, an underlying reason why our caregiving systems is in disarray, and why these important functions are undervalued, under-financed, and too often uncompensated in our society is because it was work that women performed in the homes. We too often take for granted the contribution that women made as caregivers. For too long, this work was "invisible," no one paid for it, and it didn't show up in the GDP.

Just because family caregiving is unpaid does not mean it is costless. The costs include not just time, and lost economic opportunities, but also personal strain and fatigue, and poor health. These costs should be recognized and these caregivers must be supported, through respite care and other services.

But we've made some progress, and now confront new challenges. Women have more opportunities now than they did then, and more responsibilities. So many women in New York have told me how they feel there's not enough time in the day to do everything - holding down a job, shuttling kids to soccer practice and taking a parent to the doctor; helping a child with homework and bathing a parent at night. Some who can afford to purchase care do, and we need to look at how we make high quality care available and affordable, but the many who continue providing care informally, need our support as well. These responsibilities should, after all these years, finally get the visibility they deserve, rather than being taken for granted.

As economists will tell you, when work is undervalued, it will unfortunately be undersupplied. And we are quickly realizing that our country is suffering not just from a budget deficit, but what Mona Harrington has called, "a care deficit." In nursing, in child care, in the teaching profession, and in long-

term care, we see shortages and looming crises that threaten the provision of care on which our children, our parents, and our families all depend.

Thanks to the vigorous advocacy of leaders like Senator Mikulski and others, Congress passed the National Family Caregiver Program, and we must expand on the successes of this program. I am working on a bill that would extend the concept of the National Family Caregiver Program, which has worked so well for the elderly, to other populations as well--parents who care for chronically ill children, families of disabled individuals, many of whom report to me how desperately they need respite services.

We must also must address the need for greater long-term care financing. Medicaid now pays for nearly 40% of all long-term care spending. But Medicaid, originally designed as safety net health coverage for low-income families, not as long-term care financing for middle-income families. Yet the expenses of long term care can wipe a family out, and thus many middle-class families find themselves quickly spending down all their savings and end up on Medicaid for publicly financed support. Now a large bulk of Medicaid spending consists of long-term, not acute care expenditures.

We need new financing tools that are better suited to middle-income seniors, and families with modest incomes and assets. I have talked with many New Yorkers about what they want out of such a system. They like the idea of a joint state-federal program, to help make long-term care affordable. They want to be responsible for their share of costs, but they don't want to lose all their assets either. They like having a program separate from Medicaid, and they also like flexibility, so they can decide what services to buy -- whether it's paying for a home health aide, or an adult day care program, or transportation services, or nursing home care. I am working on a bill to capture the features of the plan that would best meet their needs.

Again I thank the Committees for exploring the important intersection of gender, long-term care, and caregiving, and I look forward to working with both committees to explore these and other ideas for improving long-term caregiving not just for women, but for all Americans.